

#3

OFFICE OF THE MAYOR



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JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: May 25, 2016
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for an off premises retail beer permit with a replacement from Majid Kameli and a new small farm wine permit:

Donnie Miller
Crystal Hill Superstop
5919 Crystal Hill Rd.
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED _____ A.M. 4:00 P.M.
BY Alinda - Mayor's Ofc
DATE 5-25-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. M. [Signature]

REPASSG0101

ASSIGNMENT

D6J003-D6L013



Date Received: 05/11/2016

Date Assigned: 05/18/2016

Applicant: DONNIE MILLER

D.O.B: 04/03/1975

Green Card Number (Permanent Resident Alien):

Home Address: 1445 Gargenia, Conway, AR, 72034

Home Phone:

Business Phone : 501-753-7475

Cell Phone: 501-472-5047

Trade Name: CRYSTAL HILL SUPERSTOP

Former Trade Name: SHELL SUPER STOP # 1058

Business Address : 5919 Crystal Hill Rd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement from Majid Kameli
02966
Small Farm Wine - NEW

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

**Stockholders / Partners / LLC
Members:**

Keep for SFW
5-11-14

Effective 7-1-14

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. 02464
Kameli, Majid

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

DG Miller Ventures LLC FEIN# 46-1903355
Corporate /Partnership/LLC Name

NAME Donnie Glen Miller
First Middle Last

HOME ADDRESS 1445 Gardenia Conway 72034 Faulkner
Street City Zip County

BUSINESS NAME CRYSTAL Hill Superstop FORMER NAME _____

BUSINESS ADDRESS 5919 Crystal Hill Road North Little Rock, AR
Street City Zip County Township

Is proposed location inside or outside city limits? _____

Is the beer to be sold in connection with any other business? yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) _____

(B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location 2116

Are you the owner of the proposed premises? no Do you have the premises leased? yes

If leased, give name and address of owner Coulson Dil 1434 Pike Ave, North Little Rock, AR 72114

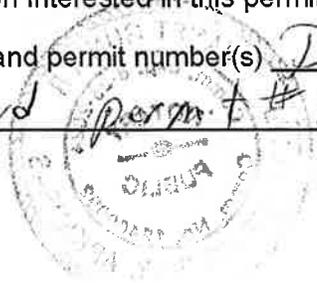
Will there be dancing on the premises? no Dance Space _____

Does anyone now hold a beer or any other permit at this location? yes If so, give name and permit number(s) Donnie Miller cigarette permit # 314

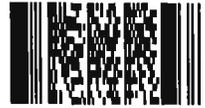
Has anyone, to your knowledge, held a beer or any other permit at this location? yes If so, give name and permit number(s) _____

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? yes

If held, give name, place and permit number(s) Donnie Miller PARK Hill Shell
3100 JFK Blvd Permit # 12326-02



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



D6J003-1061.012

APPLICANT'S NAME: DONNIE MILLER

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Majid Kameli
02966
Small Farm Wine - NEW

BUSINESS NAME: CRYSTAL HILL SUPERSTOP

BUSINESS ADDRESS: 5919 Crystal Hill Rd., North Little Rock, AR, 72118

DATE OF APPLICATION: 05/11/2016

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

SIGNATURE OF OFFICIAL: _____ DATE: _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.**

